



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10016-RCL	
DEFENDANT(s) MICHAEL MCDONALD		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Michael McDonald, #25438-038		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) FTC Oklahoma City, Federal Transfer Center, P.O. Box 898801, Oklahoma City, OK 73189		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay/LJT		Telephone No. (617) 748-3100	Date Sept. 11, 2007
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service
		Please see Remarks block below	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS: U.S. Customs and Border Protection The above referenced Preliminary Order was served by certified mail as directed above via certified mail no. 7001 2510 0003 4298 9678. Copy attached. Mailed Sept 14, 2007. Delivered Sept 18, 2007.			

TD F 90-22.48 (6/96)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

JOHN F. KENNEDY STA
BOSTON MA 02112
SEP 14 2007
Postmark Here

Sent To **Michael McDonald, #25438-038**

Street, Apt. No., or PO Box No. **FTC Oklahoma City**
P.O. Box 898801
City, State, ZIP+4 **Oklahoma City, OK 73189**

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0003 4298 9678

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Michael McDonald, #25438-038 FTC Oklahoma City Federal Transfer Center P.O. Box 898801 Oklahoma City, OK 73189		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery	
2. Article Number (Transfer from service label) 7001 2510 0003 4298 9678		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381